Review of this group of cases presenting post-operative complications in suppurative appendicitis presents several features which are perhaps worthy of comment. Pulmonary inflammations accounted for one-tenth of the complications. Abdominal wall infection was infrequent, and sloughing was apparently less in unsutured wounds. Post-operative hernia was rather infrequent, being relatively much less common in intermuscular than in rectus incisions. Mechanical ileus was rare, accounting for but one death in the series. Fecal fistula was not a prominent complication, and in but two instances was it possibly ascribable to the presence of drains in the wound. Spontaneous closure was the rule. Next to spreading peritonitis, secondary abscess was the most frequent complication. The majority of these were within reach of the wound. Of the remote secondary abscesses, those of the subphrenic type proved the most grave. The presence of an intercurrent uremia, diabetes, or pregnancy constituted a grave handicap to the patient suffering from severe intra-abdominal infection. Uncontrolled or progress-peritonitis remained, as it has always been, the least responsive to treatment, the greatest menace to the patient, and the most trying problem to the surgeon.

Section of Otology, in Conjunction with the New York League for the Hard of Hearing, October 14, 1927

FAKES AND FADS IN DEAFNESS CURES

(Abstract of illustrated talk.)

ARTHUR J. CRAMP

Quackery is always plausible and credulity is not necessarily a sign of low intelligence. We are all credulous when we wander in strange fields. The number of quacks and faddists who defraud and deceive those who cannot hear, or who hear with difficulty, is large, considering the restricted field in which they work. Most of the practitioners in this line are crude charlatans; a few possibly come within that "twilight zone" of medical practice where it is difficult to differentiate between the quack with a scheme and the visionary with a theory.

Some deafness-cure quacks carry their alleged cures merely as sidelines to other medical fakes. Some sell elaborate but worthless courses of treatment; others dispose of devices that are always valueless and, frequently, dangerous. Still others, physicians of mediocre ability, are itinerants who stay usually not more than twenty-four hours in one place.

Some time ago a quack at Kansas City, Missouri, exploited an alleged deafness cure through the mails. He had an "electro-magnetic head cap," which was said to revivify the nerves, some strychnine tablets, some ear drops containing glycerine and carbolic acid, and a gargle. The postal authorities finally put an end to this business by declaring the thing a fraud and debarring it from the use of the United States mails.

More recently there has been another fraudulent deafness cure exploited from Kansas City. It was known as "Virex," and previously had been called "Rattlesnake Oil." It, of course, contained no rattlesnake oil. Not that it would make any difference if it had. What it did contain was some oils of eucalyptus and camphor, Neatsfoot oil, and oil of mustard. The postal authorities got around to this fake and declared it a fraud.

There are on the market a number of so-called artificial ear drums or ear phones. They are both worthless and dangerous. There are also oils that are sold to be applied to the back of the ears, for the purpose of curing deafness. One of these was seized by the government officials on the charge that it was misbranded under the Food and Drugs Act, because the claims were false and fraudulent. The court upheld this charge and ordered the product to be destroyed.

Deafness-cure quackery, like all other forms of quackery, will continue to flourish just so long as the public is ignorant of the facts. Again, it must be emphasized that it is not so much a lack of intelligence as a lack of knowledge that makes people credulous. The quack who knows how to word his appeal can gull the intelligentsia as easily as he can convince the illiterate. It was Talleyrand who boiled down the philosphy of the quack: "To succeed in the world it is much more necessary to possess the penetration to discover who is the ignoramus than to discover who is the wise man." The best that the medical pro-

fession can do in protecting the public is to turn the light on the methods of the faddist and the quack, so that his ignorance or fraud becomes apparent.

Section of Ophthalmology, October 17, 1927

LOSS OF VITREOUS

ISAAC HARTSHORNE

The method of teaching usually used by the late Maurice Richardson, of Boston, always impressed his students with its practical advantages. He spent most of his time in the lecture room telling us about his mistakes and seldom if ever mentioned his successes.

In this same vein of thought, I wish to record three cases of extreme loss of vitreous, with the hope that a statement of the errors helping to cause this unfortunate accident, together with a description of the after care which doubtless contributed largely to the unusually happy results in two of the three cases, may help someone else under similar circumstances. I do not in any way wish to appear to condone vitreous loss nor to lessen any younger surgeon's healthy respect for the vitreous.

These were all private patients, aged 64, 70 and 63, respectively; 1st, male; 2nd and 3rd, female.

Two of these cases are taken from the series of my modification of the Barraquer-Green intracapsular operation and will be detailed again in a future report of this type of operation. The third was an attempted capsulotomy

The first two were so similar that they can be discussed as one case. Deep intra-orbital anesthesia, after the method of the Greens, and infiltration of both the upper and lower lids were used so that the patient could not voluntarily close the eyelids and could not rotate the eyeball to any extent. This precluded the possibility of squeezing. That I am no longer in favor of this type of anesthesia and have given it up will be discussed at some future time.